



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)
FOSTER CARE ADMINISTRATIVE REVIEW

CHILD'S NAME		CHILD'S CASE NUMBER	
DATE OF CHILD'S VOLUNTARY PLACEMENT	DATE OF ADMINISTRATIVE REVIEW	PLACE OF REVIEW (CITY)	

1. Parents/guardians received invitation to this administrative review: ☐ Yes ☐ No; by: _____

A. Need for care:

☐ Parents/legal guardian agree on Voluntary Placement

☐ The child continues to need out of home care because _____

B. Current placement is the least restrictive and in the closest proximity to the parent's home, consistent with the best interest and special needs of the child):

☐ The child is in the appropriate placement.

☐ Other placement options should be explored including _____

C. Legal status:

☐ Continue Voluntary Placement. Next court review by: _____.

☐ Placement should be changed.

☐ Refer to Division of Children and Family Services (DCFS); no longer Voluntary Placement.

Comments: _____

NEXT ADMINISTRATIVE REVIEW:

D. DDD Individual Service Plan (ISP) and Shared Parenting Plan

☐ Services have been offered or provided to the family to facilitate outcomes stated on plan including the following:

<input type="checkbox"/> Family/individual counseling	<input type="checkbox"/> Family/individual evaluations
<input type="checkbox"/> Medical treatment	<input type="checkbox"/> Day care
<input type="checkbox"/> Other: _____	

Comments (discuss outcomes): _____

E. ☐ Services have been provided to assist the child's adjustment in foster care including:

<input type="checkbox"/> Individual counseling	<input type="checkbox"/> Evaluations
<input type="checkbox"/> Medical treatment	<input type="checkbox"/> Family Reconciliation Services
<input type="checkbox"/> Day care	<input type="checkbox"/> Other: _____

Comments: _____

F. Shared Parenting Plan:

☐ Visitation has occurred consistent with parenting plan _____

Issues surrounding visitations: _____

Other family/child ISP and Shared Parenting Plan actions are as follows: _____

G. ☐ Assessment of progress towards outcomes _____

H. This committee, having reviewed the up-to-date ISP and related documents and being fully advised by those persons in attendance makes the following recommendations:

2. Attending the review were: ☐ Child (over 12) ☐ Child's mother ☐ Child's father ☐ DDD social worker

☐ Foster parent ☐ Private agency caseworker _____, representing _____

☐ Other: _____

3. Review committee members in attendance were: _____, chairperson, and _____

AS CHAIRPERSON, I CERTIFY THAT:

This review was open to the child (over 12), the parents of the child, and that they were duly notified of their opportunity to attend the review board meeting, and that the following members of the review board did not, and do not have responsibility for case management of, or delivery of service, to either the parent of the child.

NAME	POSITION
NAME	POSITION
NAME	POSITION
SIGNATURE	DATE
, Chairperson, Administrative Review Panel	

ORIGINAL: DDD Case File

COPIES: Child (over 12)
Parents
Private Agency